

Congress of the United States
House of Representatives
Washington, D.C. 20515

July 26, 2006

**SUPPORT A BIPARTISAN APPROACH
TO HEALTH INFORMATION TECHNOLOGY**

Dear Colleague:

It has been said that the healthcare sector is the only major industry in the United States that has not yet moved into the "information age." Health information technology (IT) includes things such as electronic medical records, clinical decision support software, electronic prescribing technology, and technology to allow providers, health plans, the government and others to electronically communicate with others. Widespread utilization of these types of technology hold the promise of saving lives, saving money, and saving time. But in order to realize these savings we need to invest in health IT and encourage the proliferation of systems that allow providers to universally communicate with each other.

The House Republican bill, H.R. 4157, that will soon be considered does little to move us past the status quo with respect to technology adoption and dissemination, and it does not take needed steps to secure the privacy of patient medical records in a fully electronic system.

For these reasons, we intend to offer a substitute to the Republican bill to guarantee that our healthcare system moves forward with the adoption and implementation of such technology. The substitute wisely mirrors S. 1418, legislation that the Senate passed unanimously last November, while incorporating additional protections to ensure the privacy of medical records and information. Health IT should not be a partisan issue, and it was not in the Senate. S. 1418 passed by unanimous consent, with the outspoken support of Senators Frist, Clinton, Kennedy, and Enzi.

Unfortunately, the House Republican proposal does not carry the same bipartisanship and unanimous agreement as the Senate legislation. The bill fails to provide the Federal leadership necessary to spur in the adoption of healthcare systems that can universally communicate with each other. It wastes taxpayer dollars by permitting and encouraging questionable relationships among various providers. It offers a small fraction of needed funding for the adoption and implementation of health information technology. And it fails to adequately protect the privacy of individually identifiable health information in a more vulnerable electronic world. This bill will do little, if anything, to move us farther down the road than we are today. Indeed, it could move us backward.

Our substitute, on the other hand, addresses the essential challenges of converting a \$1.4 trillion healthcare system from paper to digital systems. It creates an infrastructure that allows data to be shared in order to overcome the systematic obstacles that have left the healthcare sector lagging behind virtually every other industry in terms of information technology investments.

It establishes a timeline to ensure the development of necessary standards to move forward quickly with interoperability.

It allocates Federal resources to help providers offset the cost of adopting and implementing technology.

It improves protections in current law to ensure that privacy of patient medical information is rock-solid, and creates a process under which patients are notified and have redress when their information is breached.

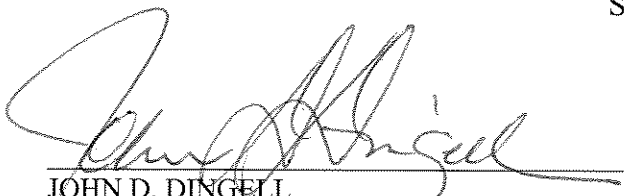
It creates a role for the Federal Government to lead by example.

We hope you will join us in supporting our substitute, which will address the problems of Republican bill in a fashion based overwhelmingly on the bipartisan Senate bill.


Attached is a side-by-side allowing you to compare our substitute and H.R. 4157.

If you have any questions or concerns, please contact Bridgett Taylor or Purvee Kempf with the Committee on Energy and Commerce Democratic staff at ext. 6-3400, or Deb Mizeur with the Committee on Ways and Means Democratic staff at ext. 5-4021.

Sincerely,



JOHN D. DINGELL
RANKING MEMBER
COMMITTEE ON ENERGY AND COMMERCE



CHARLES B. RANGEL
RANKING MEMBER
COMMITTEE ON WAYS AND MEANS

Attachment

Side-by-Side Comparison of Health Information Technology (HIT) Legislation	Dingell-Rangel Substitute	H.R. 4157
FUNDING		
Provides financial assistance to establish regional HIT networks.	Yes.	No.
Provides low-interest loans that leverage private dollars to help providers acquire HIT systems.	Yes.	No.
Authorizes grants for providers to adopt IT.	Yes—257 million.	Yes—\$40 million.
PRIVACY		
Requires patient consent before personal health information can be shared electronically.	Yes.	No.
Requires <i>all</i> individuals and entities possessing personal health information to comply with privacy protections.	Yes.	No.
Requires notification of patients when personal information is breached.	Yes.	No.
Allows patients to get redress when privacy is breached.	Yes.	No.
Requires safeguards, such as data encryption, to protect personal medical information from breaches.	Yes.	No.
FRAUD AND ABUSE		
Maintains current law and protects Medicare and Medicaid from new avenues for fraud and abuse by maintaining current protections against kickbacks and self-referral.	Yes.	No.
Maintains current law and protects patients from potential improper treatment incentives by maintaining current anti-fraud and abuse protections.	Yes.	No.
STANDARDS FOR HEALTH IT		
Requires Federal Government certification process to determine on a voluntary basis whether technologies meet health information standards.	Yes.	No.
Requires the Federal Government to lead broad-scale adoption of IT by using the consensus HIT standards for new purchases of HIT in its own healthcare programs.	Yes.	No.
OTHER		
Price Transparency - Impedes delivery of care by hospitals to inpatients through new pricing and volume reporting requirements.	No.	Yes.
ICD-9 to the ICD-10 diagnosis and billing codes in Medicare – requires adoption by October 1, 2010.	No.	Yes.